

2012 Fairfield County, Ohio Youth Behavior Survey

County Wide Sophomores – 10th Grade (n=1586)

DO NOT put your name on this survey. Your answers to the following questions will help us understand your experience and concerns. You do not have to answer any question you don't want to. No one will know your answers.

1. What grade are you in? N/A

2. What is your age? N/A

3. What is your gender? 50.7% Male 49.3% Female

4. What is your zip code? N/A

5. How do you describe yourself? (Mark all that apply.)

78.1% White 3.9% American Indian 9.1% Black/African American 2.5% Hispanic 1.8% Asian American 4.6% Other

6. Who do you live with MOST OF THE TIME? (Mark only one)

61% Both parents 15.5% Mother only 1.4% Grandparent(s) only .7% Foster parent(s) .3% Group home
15.5% Parent and step parent 4.1% Father only 1.1% Legal guardian .3% Other relative .1% Living independently

7. Do you have a part-time job? 22.2% Yes 77.8% No

7a. If so, on average, how many hours do you work per week? 16.35

8. How optimistic are you about your future?

58.4% Very Optimistic 38.3% Somewhat Optimistic 3.3% Not Optimistic

9. What are your plans following High School graduation?

81.2% College 4.6% Technical/Vocational School 9.5% Get a Job 4.7% Don't Know

10. Assets	Always	Often	Seldom	Never
Do you join in community activities? (church, 4-H, scouts, etc)	17.1%	26.9%	32.3%	23.6%
Do you join in school activities?	24.6%	36.1%	27.8%	11.4%
Do you participate in organized school sports?	39.6%	16.8%	15.5%	28.1%
Do you participate in physical activities outside of school? (swimming, skateboarding, hiking, biking, hunting, etc)	50.9%	31.7%	12.8%	4.6%
Do you make good grades?	37.8%	48.8%	12.1%	1.3%
Do you get in trouble in school?	2%	5.4%	33.5%	59.2%
Do your parents/guardian set clear rules?	51.4%	34.3%	11.9%	2.4%
Do your parents/guardian enforce rules?	47.1%	35.6%	14.2%	3%
Do your parents/guardian talk with you about the harmful effects of drugs and alcohol?	30.9%	30.9%	26.5%	11.7%
Do your parents/guardian get involved in your education (homework, school activities, conferences, etc)?	31.8%	35.8%	25.3%	7.1%

11. During the past 30 days:	Yes	No
Have you used a prescription drug not prescribed to you at the same time you were drinking alcohol?	2.4%	97.6%
Did you use over-the-counter drugs (cough syrup, cold medicine) for the purposes of getting high?	3.7%	96.3%
Have you used any illegal drug during the school day on school grounds?	2.7%	97.3%
Have you drank alcohol during the school day on school grounds?	2.2%	97.8%

12. At what age did you first try the following substances?	Never	Under 11	12-13	14-15	16-17	18 & up
Alcohol	44%	6.8%	14.2%	27.7%	7.1%	.2%
Cigarettes	75.3%	4.1%	7.3%	10.1%	3.2%	0
Chewing tobacco or snuff	83.3%	2%	4.4%	8.4%	1.8%	0
Marijuana (pot, weed, hash)	75.2%	1.1%	5.5%	14.2%	3.9%	0
Cocaine, Crack	97.3%	.6%	.2%	1.1%	.6%	.1%
Inhalants	97%	.6%	.6%	1.1%	.6%	.1%
Stimulants (Adderall, Ritalin)	93.6%	.6%	.9%	3.4%	1.4%	.1%
Synthetic drugs (Bath Salts, K2, Spice)	92%	.3%	.8%	4.8%	2%	.1%
Ecstasy	98%	.4%	.3%	.7%	.6%	.1%
Methamphetamines (crystal meth)	99.2%	.2%	.1%	.1%	.3%	.1%
Heroin	98.8%	.4%	.1%	.2%	.5%	.1%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	92.3%	.6%	1.1%	4.1%	1.7%	.1%
Steroids, other performance enhancing drugs	98.5%	.3%	.2%	.6%	.3%	.1%

13. How often do you use the following substances?	Never	Daily	Weekly	Monthly	Less than monthly	Over a year ago
Alcohol	48%	1.8%	7.2%	10.3%	21.6%	11.1%
Cigarettes	80.8%	5.9%	2%	1.8%	3.3%	6.2%
Chewing tobacco or snuff	88%	3.2%	1.3%	.8%	2.7%	4.1%
Marijuana (pot, weed, hash)	77.9%	2.9%	3.4%	3.4%	6.7%	5.6%
Cocaine, Crack	97.8%	.5%	.1%	.2%	.5%	1%
Inhalants	97.3%	.3%	.4%	.3%	.3%	1.3%
Stimulants (Adderall, Ritalin)	94.6%	.4%	.4%	.8%	1.1%	2.7%
Synthetic drugs (Bath Salts, K2, Spice)	93.2%	.2%	.4%	.8%	1.9%	3.6%
Ecstasy	98.1%	.2%	.1%	.3%	.4%	1%
Methamphetamines (crystal meth)	99.2%	.2%	.2%	.1%	.1%	.3%
Heroin	99%	.2%	.1%	.2%	.2%	.3%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	93.6%	.1%	.9%	.8%	1.8%	2.9%
Steroids, other performance enhancing drugs	98.9%	.3%	.1%	.3%	.1%	.4%

14. If you use alcohol, where do you get it?

50.9% *Do Not Use* 4% *Older Brother/Sister* 16.5% *Underage Friend with connections* 8.7% *Home Refrigerator/Liquor Cabinet*
 10.9% *Parents* 8% *Other Adult* 1% *Fake ID*

15. Have you ever been to a party where parents have allowed alcohol? 29.1% *Yes* 70.9% *No*

16. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

25.9% *Neither approve nor disapprove* 20.6% *Somewhat disapprove* 44.3% *Strongly disapprove* 9.2% *Don't know or can't say*

17. Have you ever had 5 or more glasses of any alcoholic beverage within a few hours? 23.4% *Yes* 29.8% *No* 46.8% *Do Not Use*

18. How difficult is it for students in your area to obtain the following substances?	Don't Know	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult
Alcohol	26.4%	44.2%	24.4%	3.7%	1.2%
Cigarettes	29.8%	48.8%	17.2%	3%	1.3%
Chewing tobacco or snuff	34.5%	46.4%	15%	2.4%	1.6%
Marijuana (pot, weed, hash)	35.4%	41%	16.5%	5%	2.1%
Cocaine, Crack	64.9%	9.4%	9.1%	10.1%	6.4%
Inhalants	63.3%	19.4%	8.3%	5.8%	8.2%
Stimulants (Adderall, Ritalin)	62.1%	16.3%	11.5%	6.6%	3.5%
Synthetic drugs (Bath Salts, K2, Spice)	61%	18.8%	10.6%	6.2%	3.3%
Ecstasy	70.4%	8.7%	7.6%	7.2%	6%
Methamphetamines (crystal meth)	70.5%	8.6%	7.1%	7.1%	6.7%
Heroin	63.6%	14.6%	10.8%	5.9%	5.1%
Other people's prescription drugs (Percocet, Vicodin, Oxycontin)	58.8%	21.6%	11.3%	5.1%	3.2%
Steroids, other performance enhancing drugs	70.1%	10.9%	7.9%	6.7%	4.5%

19. How much do you think people risk harming themselves physically or in other ways:	No Risk	Slight Risk	Moderate Risk	Great Risk
When they have five or more drinks of an alcoholic beverage once or twice a week?	7.7%	21.5%	34.9%	35.9%
If they smoke one or more packs of cigarettes per day?	4%	7.9%	19.8%	68.3%
If they smoke marijuana once or twice a week?	17.9%	22.9%	27.8%	31.3%
If they use prescription drugs that are not prescribed to them?	3.3%	8.8%	22%	65.9%
If they take one or two drinks of an alcoholic beverage nearly every day?	7.8%	16.8%	29.1%	46.3%

20. How wrong do <u>your parents</u> feel it would be for you to:	Not at all wrong	A little bit wrong	Wrong	Very Wrong
Have one or two drinks of an alcoholic beverage nearly every day?	2.5%	4.9%	17%	75.6%
To smoke tobacco?	2.6%	4.8%	12.9%	79.7%
To smoke marijuana?	2.7%	4.9%	9.2%	83.1%
To use prescription drugs not prescribed for you?	1.3%	2.3%	8.4%	87.9%

21. How wrong do <u>your friends</u> feel it would be for you to:	Not at all wrong	A little bit wrong	Wrong	Very Wrong
Have one or two drinks of an alcoholic beverage nearly every day?	18.6%	24.4%	28.3%	28.7%
To smoke tobacco?	20.4%	18.1%	24.6%	36.9%
To smoke marijuana?	23.6%	21.4%	19.4%	35.6%
To use prescription drugs not prescribed for you?	10.9%	14.9%	24%	50.2%

22. During your life, how many times have you used medications that were either not prescribed for you, or took more than was prescribed to feel good or high? (examples: Oxycontin, Vicodin, or Ritalin)

87% 0 times 6% 1 or 2 times 2.9% 3 to 9 times 1.5% 10 to 19 times .8% 20 to 39 times 1.8% 40 or more times

23. If you have used medications that were not prescribed for you, how did you usually get the medications? (Select only one response)

3.3% I took them from a parent family member or friend 1.7% I bought them from a friend
 4.5% A friend gave them to me 2% I bought them from someone else
 2.3% A parent gave them to me 85.5% I have not misused medications
 .7% Another family member gave them to me

24. How often, if ever:	Never	Daily	Weekly	Monthly	Less often than monthly	Over a year ago
Have you been bullied or teased?	42%	7.5%	7.6%	6.2%	13.2%	23.5%
Have you bullied or teased others?	52.6%	6.7%	5.5%	5.5%	13.9%	15.7%
Have you been threatened with physical harm at school?	70.8%	2.5%	2.5%	3.7%	6.6%	13.9%
Have you been threatened with physical harm in your neighborhood?	85.9%	1.5%	1%	1.1%	3.6%	6.9%
Have you been physically harmed by someone?	73.3%	2.1%	1.3%	2%	5.5%	15.7%
Have you physically harmed someone?	76.2%	2%	1.8%	1.6%	4.5%	13.8%
Have you been threatened by a family member?	81.4%	2.8%	1.3%	3.5%	3.5%	7.5%
Have you been threatened by a girlfriend/boyfriend?	88.9%	1.9%	.5%	.6%	2.1%	6%

25. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? 96.3% 0 days 2.6% 1-2 days .4% 3-5 days .7% 6 or more days

26. Have you ever engaged in sexual activity? 46.9% Yes 53.1% No

27. Have you ever been pressured to engage in sexual activity when you did not want to? 20% Yes 80% No

28. Have you ever been forced to engage in sexual activity when you did not want to? 6.8% Yes 93.2% No

29. How old were you when you had sexual intercourse for the first time?

57.2% Never 5.5% 12-13 years old 10% 16-17 years old
 2.3% Under 11 years old 24.8% 14-15 years old .1% 18 years old or older

30. Do you have a trusted adult at home you can confide in? 86.4% Yes 13.6% No

31. Do you have a trusted adult at school you can confide in? 63.4% Yes 36.6% No

32. Do you have access to a gun? 40.6% Yes 59.4% No

33. Have you felt nervous, worried or upset during the past month?

17.3% Most of the time 54.6% Some of the time 28.2% None of the time

34. In the past month: 9.7% I have had thoughts about killing myself 90.3 I haven't had any thoughts about killing myself

35. Have you ever tried to kill yourself? 4.1% Yes, during the past year 8% Yes, more than a year ago 87.9% No

36. Have you ever tried to self-mutilate (i.e. cut, hurt, burn, etc.) yourself?

9.6% Yes, during the past year 10.8% Yes, more than a year ago 79.5% No